

**American Legion Auxiliary  
Department of California  
Veterans Affairs and Rehabilitation**

**Cal Vet Home Volunteer Hours Report  
Fiscal Year \_\_\_\_\_**

**(Please Print)**

**I am a Representative at the \_\_\_\_\_ Cal Vet Home.**

**My name \_\_\_\_\_**

**Telephone: \_\_\_\_\_ Email: \_\_\_\_\_**

**My ALA Service for Veterans at this Facility Since July 1:**

- a. I volunteered a total of \_\_\_\_\_ hours at this facility.
- b. I personally spent/donated \$\_\_\_\_\_
- c. Number of beds at this facility \_\_\_\_\_
- d. Number of veterans served at this facility \_\_\_\_\_

***Please note any other significant information here. Use additional sheet if necessary.***

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\_\_\_\_\_  
***Signature-Cal Vet Home Director or Designee***

\_\_\_\_\_  
***Date***

***Please send your completed form to the Department VA&R Chairman  
no later than May 1 each year.***

**Thank you for taking the time to report your valuable service hours!  
Your input does make a difference.**

